

# Kansas Medical Assistance Program

P.O. Box 3571  
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593  
Consumer Line: 1-800-766-9012

*From the office of the Fiscal Agent*



## **KANCARE ANNUAL OPEN ENROLLMENT**

Dear Member:

It is **KanCare Annual Open Enrollment time** for the members listed on the Enrollment Form. The Annual Open Enrollment period is based on the case as a whole rather than each person on the case. KanCare is the State of Kansas health program that provides medical, mental health, dental, substance abuse and long term care services. Every year we ask if you want to change KanCare health plans. If you do not want to change health plans skip to 'Things To Know'. If you want a different plan, follow the steps below before the Choice Period End Date on the Enrollment Form.

### **TO CHANGE**

- There are 3 ways **to change** the KanCare plan choice - Web, Mail or Phone
  - ⇒ Enroll online at <https://www.kmap-state-ks.us/hcp/member>
  - ⇒ Mail the completed Enrollment Form in the enclosed envelope.  
Make sure to allow three days for mail time.
  - ⇒ Call the Enrollment Center at 1-866-305-5147 (TDD/TTY 1-800-766-3777)
- To get a copy of the plans' provider lists, call the Enrollment Center at 1-866-305-5147 or go to:
  - XXXXXX.com
  - XXXXXX.com
  - XXXXXX.com
- You will have until the Choice Period End Date on the enclosed Enrollment Form to make changes. All changes will be effective on the 1<sup>st</sup> day of the next month.
- If any member has health insurance other than KanCare, please fill out the Other Insurance Form in this packet. Then, mail it to us in the postage paid envelope.

### **THINGS TO KNOW**

- If you do nothing your enrollment stays the same.
- If you are an American Indian or an Alaska Native, you may opt out of KanCare. Please see the American Indian/Alaska Native Opt-Out Process enclosure for details.
- Check to make sure the providers you use for all services you receive are listed with your KanCare Plan.
- Once this annual open enrollment period has ended, you will stay with the plan chosen until the next annual open enrollment period.
- You must qualify for KanCare to stay enrolled with the plan each month.

### **Need Help?**

If this letter is hard to understand or you need it in a different format, call us at 1-866-305-5147. (TDD/TTY 1-800-766-3777) You can call from 8:00 am to 5:00 pm, Monday through Friday.

Thank you for reading this letter. We look forward to helping you with your KanCare questions.

[case #]

### ANNUAL OPEN ENROLLMENT FORM

Casehead Name  
Address  
City, ST, Zip

DATE

Choice Period Ends (date)  
Case ID

Member Name ID	Current KanCare Plan	To Change Plans Put an X in the box by your choice
John Doe XXXXXXXXXXXX	Plan 1 - 5555555555	<input type="radio"/> Plan 2 <input type="radio"/> Plan 3
Mary Doe XXXXXXXXXXXX	Plan 1 - 5555555555	<input type="radio"/> Plan 2 <input type="radio"/> Plan 3

If you are happy with the current KanCare plan listed above, you do not need to call or return this form.

If you do change, you will get a letter showing your change has been made.

Si usted está satisfecho con el plan de la lista, no es necesario llamar o regresar esta forma.

Si hace un cambio, usted recibirá una carta mostrando el cambio que ha sido hecho.

## Kansas Medical Assistance Program

P.O. Box 3571  
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593  
Consumer Line: 1-800-766-9012



*From the office of the Fiscal Agent*

DRAFT